L12000115U15

Office Use Only



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2018 JAN - 7 PH 1: 20

D. BRUCE
JAN 0 8

EXAMINER

COVER LETTER

TO:	Registration Sect Division of Corpo		region.	
CUDIE	B-QUANT	UM LLC		
SUBJE	·	Name of Limit	ed Liability Company	_
		mendment and fee(s) are sub	<u>-</u>	
Please	return all correspon	dence concerning this matter	to the following:	
		JUAN SANTAELLA		
			Name of Person	
		B-QUANTUM I.LC		
	Firm/Company			<u> </u>
		240 CRANDON BLV	D, SUITE #250	
			Address	
		KEY BISCAYNE FL	33149	
		JSANTAELLA@B-QI		- FALLY
		E-mail address: (t	o be used for future annual report notification)	· · · · · · · · · · · · · · · · · · ·
For fur	ther information co	ncerning this matter, please ca	all:	
JUAI	N SANTAELLA		305 632-0093	
	Name of	Person	Area Code & Daytime Telephone Nu	mber 20
Enclos	ed is a check for the	e following amount:		
\$25	5.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	O Filing Fee, ificate of Status & ified Copy litional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab Florida document number L12000115615	oility Company	were filed on SEP 10, 20)12	and ass	igned
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he limited liabi	lity company here:			
The new name must be distinguishable and end with t "L.L.C."	the words "Limit	ed Liability Company," the d	esignation "L	LC" or the a	abbreviation
Enter new principal offices address, if applicable:		240 CRANDON BLVD, SUITE #250			
(Principal office address MUST BE A STREET		KEY BISCAYNE FL	33149	. 23	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>	240 CRANDON BLV KEY BISCAYNE FL	33149	#250' PE	
B. If amending the registered agent and/or registered agent and/or the new registered office	ce address here	2:	3	20	of the new
Name of New Registered Agent:	JUAN SANT	IAELLA	.		
New Registered Office Address: 240 CRANDO		OON BLVD, SUITE #250			
			la street addi		•
	KEY BISCA	YNE	Florida 33	149	
		City		Zip Cod	е
New Registered Agent's Signature, if changing Re	gistered Agent:				

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	JUAN SANTAELLA	360 W HEATHER DRIVE	. Add
		KEY BISCAYNE FL 33149	Remove
			Add
			Remove
			Add
			Remove
		,	Add Remove
			Add Add
			Remove
			Remove

If amending any other informa	ation, enter change(s) here: (Attach additional shee	ts, if necessary.)
•		
		
DECEMBER 31	2012	
	/ 10m/2mg 1	_
Sig	gnature of a member or authorized representative of a me	mber
	Typed or printed name of signee	
	- 1 L L	

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Filing Fee: \$25.00

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